

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/552,707</td></tr> <tr><td>Filing Date</td><td>October 7, 2005</td></tr> <tr><td>First Named Inventor</td><td>Helmut D. Link</td></tr> <tr><td>Title</td><td>Prosthetic Intervertebral Joint for ...</td></tr> <tr><td>Art Unit</td><td>3774</td></tr> <tr><td>Examiner Name</td><td>Ann M. Schifflinger</td></tr> <tr><td>Attorney Docket Number</td><td>366US1</td></tr> </table>	Application Number	10/552,707	Filing Date	October 7, 2005	First Named Inventor	Helmut D. Link	Title	Prosthetic Intervertebral Joint for ...	Art Unit	3774	Examiner Name	Ann M. Schifflinger	Attorney Docket Number	366US1
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Title	Prosthetic Intervertebral Joint for ...														
Art Unit	3774														
Examiner Name	Ann M. Schifflinger														
Attorney Docket Number	366US1														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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OR

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Telephone

Email

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	June 17, 2010
Title and Company	Telephone
Jonathan Spengler	(858) 909-1807
Chief Patent Counsel and Secretary, Cervitech, Inc.	

NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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